

Fill in this information to identify the case:

Debtor name Health Tech Harbor Inc.

United States Bankruptcy Court for the: _____ District of NJ
(State)

Case number (If known): 20-19017 (RG)

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**
Copy line 91A from *Schedule A/B*..... \$ 11,130,643.00

1c. **Total of all property:**
Copy line 92 from *Schedule A/B*..... \$ 11,130,643.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 29,000.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... + \$ 13,379,336.42

4. **Total liabilities**..... \$ 13,408,336.42
Lines 2 + 3a + 3b

Fill in this information to identify the case:Debtor name Health Tech Harbor Inc.United States Bankruptcy Court for the: _____ District of NJ
(State)Case number (if known): 20-19017 (RG)☐ Check if this is an amended filing

Type text here

Official Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☒ No. Go to Part 2.
☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. JP Morgan Chase	Savings	9 0 3 2	\$ -282.00
3.2. _____	_____	_____	\$ 0.00
3.3. _____	_____	_____	

4. Other cash equivalents (Identify all)

4.1. _____	\$ 0.00
4.2. _____	\$ 0.00

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ -282.00

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 0.00 - 0.00 = → \$ _____
face amount doubtful or uncollectible accounts11b. Over 90 days old: 50,000.00 - 0.00 = → (SEE ATTACHED) \$ 50,000.00
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 50,000.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Health Tech Harbor Inc.
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Case number (if known)

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Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
_____	\$ _____	_____	\$ _____
40. Office fixtures			
_____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
_____	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
- ☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor

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Case number (if known)

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	\$ _____	_____	\$ _____
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

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Health Tech Harbor Inc.
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Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 20 Murray Hill Parkway suite 210 East Rutherford, NJ 07073	Sub Lease	\$ None	None	\$ 0.00
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets None	\$ 0.00		\$ 0.00
61. Internet domain names and websites HTHarbor.com-Domain Name	\$ 0.00		\$ 25.00
62. Licenses, franchises, and royalties None	\$ 0.00		\$ 0.00
63. Customer lists, mailing lists, or other compilations None	\$ 0.00		\$ 0.00
64. Other intangibles, or intellectual property None	\$ 0.00		\$ 0.00
65. Goodwill None	\$ 0.00		\$ 0.00

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 25.00

Debtor

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

DGN Pharmacy Inc.
BenAdvance
Health Alliance7,668,600.00
2,16,4771.00
47,554.00

Description (include name of obligor)

(SEE ATTACHED)

9,9880,925.00 -

Total face amount

0.00 = →

doubtful or uncollectible amount

\$ 9,880,925.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None

None

None

Tax year _____ \$ 0.00

Tax year _____ \$ 0.00

Tax year _____ \$ 0.00

73. Interests in insurance policies or annuities

None

\$ 0.00

74. Causes of action against third parties (whether or not a lawsuit has been filed)

(SEE ATTACHED)

\$ (SEE ATTACHED)

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

(SEE ATTACHED)

\$ 1,200,000.00

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

None

\$ 0.00

77. Other property of any kind not already listed Examples: Season tickets, country club membership

None

\$ 0.00

\$ 0.00

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 11,080,925.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Health Tech Harbor Inc.
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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ -282.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 50,000.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 25.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 11,080,925.00	
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ 11,130,643.00	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 11,130,643.00

Debtor: Health Tech Harbor, Inc.
Court: United States Bankruptcy Court for the District of New Jersey
Case No. 20-19017 (RG) Ch. 7

ATTACHMENT TO OFFICIAL FORM 206A/B

Schedule A/B: Assets – Real and Personal Property

Part 3

Item 11b. (Page 2)

Account Receivable due to Health Tech Harbor, Inc.

Account Debtor:	Amount Due:
Han Alliance Group ATTN: Anthony Milone 411 Theodore Fremd Avenue Rye, NY 10580	\$50,000.00

Part 11

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Notes Receivable due to Health Tech Harbor, Inc.

Obligor:	Amount Due:
DGN Pharmacy, Inc. (d/b/a PersonalRX) ATTN: Lawrence Margolis 20 Murray Hill Parkway Suite 210 East Rutherford, NJ 08872	\$7,668,600.00
Han Benefit Advantage, Inc. (d/b/a BenAdvance) ATTN: Anthony Milone 411 Theodore Fremd Avenue Rye, NY 10580	\$2,164,771.00
Health Alliance (HAN) ATTN: Anthony Milone 411 Theodore Fremd Avenue Rye, NY 10580	\$47,554.00

Debtor: Health Tech Harbor, Inc.
Court: United States Bankruptcy Court for the District of New Jersey
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ATTACHMENT TO OFFICIAL FORM 206A/B

Schedule A/B: Assets – Real and Personal Property

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Causes of action against third parties (whether or not a lawsuit has been filed)

Obligor	Amount Due:
Han Alliance Group ATTN: Anthony Milone 411 Theodore Fremd Avenue Rye, NY 10580	\$50,000.00
DGN Pharmacy, Inc. (d/b/a PersonalRX) ATTN: Lawrence Margolis 20 Murray Hill Parkway Suite 210 East Rutherford, NJ 08872	\$7,668,600.00
Han Benefit Advantage, Inc. (d/b/a BenAdvance) ATTN: Anthony Milone 411 Theodore Fremd Avenue Rye, NY 10580 See Adv. Proc. No. 21-01278	\$2,164,771.00
Health Alliance (HAN) ATTN: Anthony Milone 411 Theodore Fremd Avenue Rye, NY 10580	\$47,554.00

Debtor: Health Tech Harbor, Inc.
Court: United States Bankruptcy Court for the District of New Jersey
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ATTACHMENT TO OFFICIAL FORM 206A/B

Schedule A/B: Assets – Real and Personal Property

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Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Obligor	Amount Due:
Gavin Scotti Jr. 16 Old Track Road Greenwich, CT 06830	\$1,200,000.00
Gavin Scotti Sr. 516 Purchase Street Rye, NY 10580	
Co-Obligors under September 12, 2019 agreement to invest \$1,800,000 in capital into Health Tech Harbor in consideration for 5% equity of which only \$600,000 was funded	

Fill in this information to identify the case:

Debtor name Health Tech Harbor Inc.
 United States Bankruptcy Court for the: _____ District of NJ
 (State)
 Case number (if known): 20-19017 (RG)

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name**Describe debtor's property that is subject to a lien**

 \$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Describe the lien

Date debt was incurred _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name**Describe debtor's property that is subject to a lien**

 \$ _____ \$ _____

Creditor's mailing address

Creditor's email address, if known

Describe the lien

Date debt was incurred _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Fill in this information to identify the case:

Debtor Health Tech Harbor Inc.

United States Bankruptcy Court for the: _____ District of NJ
(State)

Case number 20-19017 (RG)
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

Anthony Milone
55 Cutler Rd
Greenwich, CT 06831-2508

Date or dates debt was incurred
01/31/2019 to 07/29/2019

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)(A)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Accrued Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Total claim

\$ 52083.30

Priority amount

\$ 10,000.00

2.2 Priority creditor's name and mailing address

Cheryl Fine
83 Prestbury Lane
Somerset, NJ 08873

Date or dates debt was incurred

01/31/2019 to 07/29/2019

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)(A)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Accrued Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 9,000.00

\$ 9,000.00

2.3 Priority creditor's name and mailing address

Lawrence Margolis
8 Orchard Drive
Purchase, NY 10577

Date or dates debt was incurred

01/31/2019

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)(A)

As of the petition filing date, the claim is: \$ _____

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Accrued Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 63,312.50

\$ 10,000.00

Part 1.

Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ \$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

\$ \$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

\$ \$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

\$ \$

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account
number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) ()

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 1478756 Alberta Ltd ATTN Brett Sorensen 358 5222 130 Avenue SE Calgary Alberta Canada T2Z0G Date or dates debt was incurred <u>01/2019 to 12/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>100,000.00</u>
3.2	Nonpriority creditor's name and mailing address Aboyoun Dobbs LLC ATTN Joseph Aboyoun 77 Bloomfield Avenue Pine Brook, NJ 07058 Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounts Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>152,844.78</u>
3.3	Nonpriority creditor's name and mailing address Mohammed Ashfar Ahmed 1514 Westfield Street Pearland, TX 77581 Date or dates debt was incurred <u>03/02/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>50,000.00</u>
3.4	Nonpriority creditor's name and mailing address Joseph Allfano 3 Hambletonian Drive Colts Neck, NJ 07722 Date or dates debt was incurred <u>07/24/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>100,000.00</u>
3.5	Nonpriority creditor's name and mailing address Astute Consulting LLC ATTN Narjit Patel 10749 Belle Maisons Drive Orlando, FL 32832 Date or dates debt was incurred <u>11/13/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>25,000.00</u>
3.6	Nonpriority creditor's name and mailing address Anthony Milone 55 Cutler Rd Greenwich, CT 06831-2508 Date or dates debt was incurred <u>09/2018 to 06/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accrued Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>302,489.88</u>

Part 2: Additional Page

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Amount of claim

3.7	Nonpriority creditor's name and mailing address <u>Paul Bing</u> <u>2010 Royal Dawns Drive</u> <u>Katy, TX 77450</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>125,000.00</u>
	Date or dates debt was incurred <u>04/2019 to 03/2020</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address <u>Anette Catino</u> <u>39981 North 105th Way</u> <u>Scottsdale, AZ 85262</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>320,000.00</u>
	Date or dates debt was incurred <u>01/2017 to 03/2018</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Convertible Note and Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address <u>Amito Chandiwal</u> <u>28419 Tall Juniper Hill Drive</u> <u>Katy, TX 77494</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>50,000.00</u>
	Date or dates debt was incurred <u>06/26/2019</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address <u>Ravi and Madhavi Chenna</u> <u>4818 Big Cedar Circle</u> <u>Missouri City, TX 77059</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>75,000.00</u>
	Date or dates debt was incurred <u>12/24/2019</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address <u>David Cherry</u> <u>6 Derryhirk Road</u> <u>Tullyroan Dungannon</u> <u>Co Tyrone BT71GNH N Ireland</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>25,000.00</u>
	Date or dates debt was incurred <u>03/06/2020</u> Last 4 digits of account number <u> </u>	Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

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Amount of claim

3.12	<p>Nonpriority creditor's name and mailing address</p> <p>Robert Chiccoine Jr.</p> <p>50 Wrights Mills Road</p> <p>Armonk, NY 10504</p> <p>Date or dates debt was incurred 08/2018 to 10/2018</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: Convertable Note</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 50,000.00</p>
3.13	<p>Nonpriority creditor's name and mailing address</p> <p>Mark Christiana</p> <p>99 Biltmore Avenue</p> <p>Rye, NY 10580</p> <p>Date or dates debt was incurred 02/2018 to 09/2019</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Loan</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 25,000.00</p>
3.14	<p>Nonpriority creditor's name and mailing address</p> <p>Stephen Columbia</p> <p>15 Cordis Street</p> <p>Charlestown, MA 02129</p> <p>Date or dates debt was incurred 08/29/2018</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Convertable Note</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 50,000.00</p>
3.15	<p>Nonpriority creditor's name and mailing address</p> <p>Essfull</p> <p>ATTN Keith Gallant</p> <p>11202 North Cranite Street</p> <p>Duluth, GA 30097</p> <p>Date or dates debt was incurred 12/2018 to 06/2020</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Accrued Wages and Accrued Salary</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 97,642.00</p>
3.16	<p>Nonpriority creditor's name and mailing address</p> <p>Michael Fina</p> <p>8701 Shore Road</p> <p>Apt 341</p> <p>Brooklyn, NY 11209</p> <p>Date or dates debt was incurred 08/06/2019</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Convertable Note</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 40,000.00</p>

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Amount of claim

3.17	Nonpriority creditor's name and mailing address Cheryl Fine 83 Prestbury Lane Somerset, NJ 08873 Date or dates debt was incurred 02/2018 to 07/2021 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Accrued Wages, Convertable Note, Gap Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 109,600.00
3.18	Nonpriority creditor's name and mailing address Michael Fitzpatrick 10141 Heronwood Lane West Palm Beach, FL 33412 Date or dates debt was incurred 04/27/2018 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.19	Nonpriority creditor's name and mailing address Paul Gerardi 33 Van Etten Blvd. New Rochelle, NY 10804 Date or dates debt was incurred 09/19/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.20	Nonpriority creditor's name and mailing address Alan and Stephen Glombicki ATTN Stephen Glombicki 2001 Holcombe Blvd Houston, TX 77030 Date or dates debt was incurred 12/07/2018 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 12/07/2018 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.21	Nonpriority creditor's name and mailing address Goodenough Associates ATTN Andy Goodenough 42 Glendale Road Rye, NY 10580 Date or dates debt was incurred 09/2018 to 12/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accrued Expense and Accounts Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 197,884.63

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Amount of claim

3.22	Nonpriority creditor's name and mailing address Goodwin Proctor LLP ATTN: Steve Davis 620 8th Avenue New York, NY 10018 Date or dates debt was incurred 12/2017 to 06/2020 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Accrued Expense and Accounts Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 662,000.00
3.23	Nonpriority creditor's name and mailing address Sadasivareddy Goli 12908 Lakeparc Bend Drive Cypress, TX 77429 Date or dates debt was incurred 01/2019 to 10/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 200,000.00
3.24	Nonpriority creditor's name and mailing address Biagio Graffagnino 155-21 Bridgeton Street Howard Beach, NY 11414 Date or dates debt was incurred 01/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note and Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 250,000.00
3.25	Nonpriority creditor's name and mailing address Greenwave 97 LLC ATTN: Shalin Patel 3115 Brighton Sky Lane Katy, TX 77494 Date or dates debt was incurred 06/2019 to 08/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.26	Nonpriority creditor's name and mailing address JP Morgan Chase 270 Park Avenue New York, NY 10017 Date or dates debt was incurred 08/2020 to 07/2021 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Negative balance bank accounts</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,007.72

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Amount of claim

3.27	<p>Nonpriority creditor's name and mailing address</p> <p>Sanjaykumar Kamani</p> <p>3405 Radha Lane</p> <p>Houston, TX 77018</p> <p>Date or dates debt was incurred 01/2019 to 10/2019</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 185,000.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.28	<p>Nonpriority creditor's name and mailing address</p> <p>Vijay Koka</p> <p>4307 Roundtree Lane</p> <p>Missouri City, TX 77459</p> <p>Date or dates debt was incurred 03/2020</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 75,000.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.29	<p>Nonpriority creditor's name and mailing address</p> <p>Umesh Kumar</p> <p>15027 Rockdale Bridge Lane</p> <p>Sugar Land, TX 77498</p> <p>Date or dates debt was incurred 01/2019 to 02/2020</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 150,000.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.30	<p>Nonpriority creditor's name and mailing address</p> <p>Doraraju Kurausamy</p> <p>5202 Jericho Court</p> <p>Houston, TX 77091</p> <p>Date or dates debt was incurred 01/2019 to 03/2020</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 150,000.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.31	<p>Nonpriority creditor's name and mailing address</p> <p>Rajiv Lal</p> <p>1923 Mystic Arbor Lane</p> <p>Houston, TX 77077</p> <p>Date or dates debt was incurred 07/19/2019</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 25,000.00</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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Amount of claim

3.32	<p>Nonpriority creditor's name and mailing address</p> <p>Law Offices of Michell J. Malzberg LLC</p> <p>6 E Main Street Suite 5122</p> <p>Clinton, NJ 08809</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Accounts Payable</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 3,000.00</p>
3.33	<p>Nonpriority creditor's name and mailing address</p> <p>John Lloyd</p> <p>11 Mohawk Avenue</p> <p>Oceaport, NJ 07757</p> <p>Date or dates debt was incurred <u>08/2018 to 10/2018</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 250,000.00</p>
3.34	<p>Nonpriority creditor's name and mailing address</p> <p>Joe Lukens</p> <p>4381 W Gulf Drive</p> <p>Sanibel, FL 33957</p> <p>Date or dates debt was incurred <u>12/13/2017</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 100,000.00</p>
3.35	<p>Nonpriority creditor's name and mailing address</p> <p>Yulia Lyubkina and Ankush Verma</p> <p>3908 Hazard Street</p> <p>Houston TX 77098</p> <p>Date or dates debt was incurred <u>07/03/2019</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 25,000.00</p>
3.36	<p>Nonpriority creditor's name and mailing address</p> <p>Nitin Mahajan</p> <p>43 West Shale Creek Circle</p> <p>Spring, TX 77382</p> <p>Date or dates debt was incurred <u>12/2018 to 10/2019</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 95,000.00</p>

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Amount of claim

3.37	Nonpriority creditor's name and mailing address Kavita Majithia 7110 Argonne Trail Sugar Land, TX 77479 Date or dates debt was incurred 01/2020 to 02/2020 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 200,000.00
3.38	Nonpriority creditor's name and mailing address Ramachandra Malya 212 E Crosstimbers Street 170 Houston, TX 77022 Date or dates debt was incurred 12/2017 to 12/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 780,000.00
3.39	Nonpriority creditor's name and mailing address Rohith Malya 723 Wycliffe Drive Houston, TX 77079 Date or dates debt was incurred 10/28/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 10,000.00
3.40	Nonpriority creditor's name and mailing address Marcum LLP 730 3rd Avenue 11th Floor New York, NY 10017 Date or dates debt was incurred 12/31/2018 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accounts Payable Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 68,000.00
3.41	Nonpriority creditor's name and mailing address William Margiloff 63 Island Drive Rye, NY 10580 Date or dates debt was incurred 08/29/2018 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,000.00

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.42	<p>Nonpriority creditor's name and mailing address <u>Lawrence Margolis</u> <u>8 Orchard Drive</u> <u>Purchase, NY 10577</u></p> <p>Date or dates debt was incurred <u>01/2018 to 09/2019</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Loan, Accounts Payable, Accrued Wages</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>810,375.00</u></p>
3.43	<p>Nonpriority creditor's name and mailing address <u>Krishnan Murthi Durusamy</u> <u>BLK 728, Clementi West Street 2</u> <u>12 410</u> <u>Singapore 12078</u></p> <p>Date or dates debt was incurred <u>03/26/2020</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>45,000.00</u></p>
3.44	<p>Nonpriority creditor's name and mailing address <u>Nikanth Patel Trustee</u> <u>ATTN Mithil Patel</u> <u>8520 Jensen Drive</u> <u>Houston, TX 77093</u></p> <p>Date or dates debt was incurred <u>01/22/2019</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>100,000.00</u></p>
3.45	<p>Nonpriority creditor's name and mailing address <u>Maria Olskaia</u> <u>1290 Anthorne Lane</u> <u>Boynton Beach, FL 33436</u></p> <p>Date or dates debt was incurred <u>06/19/2019</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>25,000.00</u></p>
3.46	<p>Nonpriority creditor's name and mailing address <u>Priya and Joseph Oolut</u> <u>5707 Camden Springs Lane</u> <u>Sugar Land, TX 77479</u></p> <p>Date or dates debt was incurred <u>07/01/2019</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Convertible Note</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>35,000.00</u></p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.47	Nonpriority creditor's name and mailing address Manmath Panda 25611 Pipestone Glen Lane Katy, TX 77494 Date or dates debt was incurred <u>02/21/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>125,000.00</u>
3.48	Nonpriority creditor's name and mailing address Rahul Pandey 5903 Yango Terrace Lane Sugar Land, TX 77479 Date or dates debt was incurred <u>04/2019 to 03/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>50,000.00</u>
3.49	Nonpriority creditor's name and mailing address Aashish Pandya 3915 Case Street Houston, TX 77005 Date or dates debt was incurred <u>03/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>60,000.00</u>
3.50	Nonpriority creditor's name and mailing address Devesh Pandya 6538 Brompton Roadhouse Houston, TX 77005 Date or dates debt was incurred <u>03/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>60,000.00</u>
3.51	Nonpriority creditor's name and mailing address Deep Patel 10749 Belle Maisons Drive Orlando, FL 32832 Date or dates debt was incurred <u>11/07/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>25,000.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.52	Nonpriority creditor's name and mailing address Nehal Patel 1631 North Loop West 460 Houston, TX 77005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 500,000.00
	Basis for the claim: Convertable Note	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred 07/2019 to 03/2020 Last 4 digits of account number		
3.53	Nonpriority creditor's name and mailing address Shil & Harikrishna Patel 11202 North Cranite Street Dunlap, IL 61525	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 25,000.00
	Basis for the claim: Convertable Note	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred 11/18/2018 Last 4 digits of account number		
3.54	Nonpriority creditor's name and mailing address Vishal Patel 5815 Daylin Court Spring, TX 77379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 500,000.00
	Basis for the claim: Convertable Note	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred 12/2019 to 01/2020 Last 4 digits of account number		
3.55	Nonpriority creditor's name and mailing address Prabhugouda Patil 1100 Uptown Park Blvd 123 Houston, TX 77056	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 200,000.00
	Basis for the claim: Convertable Note	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred 12/2018 to 10/2019 Last 4 digits of account number		
3.56	Nonpriority creditor's name and mailing address Prakash Interest Limited, LP ATTN Rahul Prakash 12335 Klingsridie Lane 311 Houston, TX 77024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 62,500.00
	Basis for the claim: Convertable Note	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred 05/2019 to 03/2020 Last 4 digits of account number		

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.57	Nonpriority creditor's name and mailing address PKF O'Connor Davies 20 Commerce Drive Ste 301 Cranford, NJ 07016 Date or dates debt was incurred 01/2018 to 06/2020 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Accounts Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 132,445.41
3.58	Nonpriority creditor's name and mailing address William Rabetz 117 Remington Road Manhasset, NY 11031 Date or dates debt was incurred 12/2017 to 12/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounts Payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 80,000.00
3.59	Nonpriority creditor's name and mailing address Radha Holdings LLC ATTN: Nitin Puri 342 Boston Road Chelmsford, MA 01824 Date or dates debt was incurred 02/18/2020 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,000.00
3.60	Nonpriority creditor's name and mailing address S. Ramakrishnan & Krishna Kunar Raman 21212 MW Freeway 335 Cypress, TX 77429 Date or dates debt was incurred 06/28/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,000.00
3.61	Nonpriority creditor's name and mailing address Roberta Rosenast 1304 Midland Avenue APT C24 Yonkers, NY 10704 Date or dates debt was incurred 12/31/2018 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accrued Expense</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 13,637.00

Part 2: Additional Page

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Amount of claim

3.62	Nonpriority creditor's name and mailing address Yeveny Rudasjevsky 14432 Chester Avenue Saratoga, CA 95070 Date or dates debt was incurred 05/16/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,000.00
3.63	Nonpriority creditor's name and mailing address Elliot Sabbagh 1927 Homecrest Avenue Brooklyn, NY 11229 Date or dates debt was incurred 12/2018 to 05/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 75,000.00
3.64	Nonpriority creditor's name and mailing address Reza Sadeghi 4337 Wendell Street Bellaire, TX 77401 Date or dates debt was incurred 10/18/2018 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.65	Nonpriority creditor's name and mailing address Vivek Sakhuja 5815 Autumn Fall Court Sugar Land, TX 77479 Date or dates debt was incurred 05/08/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,000.00
3.66	Nonpriority creditor's name and mailing address Savithri Protected Cell 11520 Calico Lane Houston, TX 77024 Date or dates debt was incurred 01/30/2020 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 200,000.00

Part 2: Additional Page

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Amount of claim

3.67	Nonpriority creditor's name and mailing address Gavin Scotti Jr. 16 Old Track Road Greenwich, CT 06830 Date or dates debt was incurred <u>09/25/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>100,000.00</u>
3.68	Nonpriority creditor's name and mailing address Gavin Scotti Sr. 516 Purchase Street Rye, NY 10580 Date or dates debt was incurred <u>12/31/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>500,000.00</u>
3.69	Nonpriority creditor's name and mailing address Vasudev and Shobha Shenoy 35 North Creekside Court Houston, TX 77005 Date or dates debt was incurred <u>10/2018 to 09/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>150,000.00</u>
3.70	Nonpriority creditor's name and mailing address Mukesh Sinha 18706 South Bee Circle Cypress, TX 77433 Date or dates debt was incurred <u>06/2019 to 08/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>50,000.00</u>
3.71	Nonpriority creditor's name and mailing address Paul Stamatis Jr. 10406 Charter Lake Circle Katy, TX 77494 Date or dates debt was incurred <u>12/2017 to 03/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>125,000.00</u>

Part 2: Additional Page

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Amount of claim

3.72	Nonpriority creditor's name and mailing address Surean Investments LP ATTN Anil Odhav 1834 Cottage Landing Houston, TX 77077 Date or dates debt was incurred 12/2018 to 04/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.73	Nonpriority creditor's name and mailing address Rupesh Vakil 4510 Maple Street Bellaire, TX 77401 Date or dates debt was incurred 11/13/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,000.00
3.74	Nonpriority creditor's name and mailing address Pushpahas Vandoia 5911 Ashford Falls Lane Sugar Land, TX 77479 Date or dates debt was incurred 03/5/2020 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,000.00
3.75	Nonpriority creditor's name and mailing address Dan Wampler 50 Traditions Turn Cincinnati, OH 45249 Date or dates debt was incurred 11/29/2017 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.76	Nonpriority creditor's name and mailing address Wealthcare LLC ATTN Ramachandra Malya 212 E Crosstimbers Street 130 Houston, TX 77022 Date or dates debt was incurred 04/2018 to 09/2018 Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,500,000.0

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.77	Nonpriority creditor's name and mailing address Dustin Wilson PO Box 12971 Olympia WA 98508 Date or dates debt was incurred 12/2017 to 12/2019 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 155,000.00
3.78	Nonpriority creditor's name and mailing address Lily Yang Loh 14222 Cloud Cliff Lane Houston, TX 77077 Date or dates debt was incurred 01/16/2020 Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Convertable Note Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 50,000.00
3.____	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.____	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.____	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	____ _

Part 3:

Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4._____ _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts		
5a. Total claims from Part 1	5a.	\$ 29,000.00
5b. Total claims from Part 2	5b. +	\$ 13,379,336.42
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 13,408,336.42

Fill in this information to identify the case:

Debtor name Health Tech Harbor Inc

United States Bankruptcy Court for the: _____ District of NJ
(State)

Case number (If known): 20-19017 (RG) Chapter _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Health Tech Harbor Inc.

United States Bankruptcy Court for the: _____ District of NJ
(State)

Case number (If known): 20-19017 (RG)

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1	<div>_____</div> <div>Street _____</div> <div>_____</div> <div>City _____ State _____ ZIP Code _____</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.2	<div>_____</div> <div>Street _____</div> <div>_____</div> <div>City _____ State _____ ZIP Code _____</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.3	<div>_____</div> <div>Street _____</div> <div>_____</div> <div>City _____ State _____ ZIP Code _____</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.4	<div>_____</div> <div>Street _____</div> <div>_____</div> <div>City _____ State _____ ZIP Code _____</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.5	<div>_____</div> <div>Street _____</div> <div>_____</div> <div>City _____ State _____ ZIP Code _____</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.6	<div>_____</div> <div>Street _____</div> <div>_____</div> <div>City _____ State _____ ZIP Code _____</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	

Fill in this information to identify the case and this filing:

Debtor Name Health Tech Harbor Inc.
United States Bankruptcy Court for the: _____ District of NJ
(State)
Case number (if known): 20-19017 (RG)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/09/2021
MM / DD / YYYY

x



Signature of individual signing on behalf of debtor

Lawrence Margolis
Printed name

CEO
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Health Tech Harbor Inc.
 United States Bankruptcy Court for the: _____ District of NJ
 (State)
 Case number (if known): 20-19017 (RG)

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☒ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From MM / DD / YYYY to Filing date

☐ Operating a business
☐ Other _____ \$ _____

For prior year: From MM / DD / YYYY to MM / DD / YYYY

☐ Operating a business
☐ Other _____ \$ _____

For the year before that: From MM / DD / YYYY to MM / DD / YYYY

☐ Operating a business
☐ Other _____ \$ _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date: From 01/01/2020 to Filing date
 MM / DD / YYYY

See Attached Schedule A/B:
 Part 11 Line 71 Interest on Loan \$ 152,935.96

For prior year: From 01/01/2019 to 12/31/2019
 MM / DD / YYYY MM / DD / YYYY

See Attached Schedule A/B:
 Part 11 Line 71 Interest on Loan \$ 292,929.29

For the year before that: From 01/01/2018 to 12/31/2018
 MM / DD / YYYY MM / DD / YYYY

See Attached Schedule A/B:
 Part 11 Line 71 Interest on Loan \$ 103,408.10

Debtor Health Tech Harbor Inc.
Name

Case number (if known) 20-19017 (RG)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____	\$ _____	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Lawrence Margolis Insider's name 8 Orchard Drive Street Purchase, NY 10577 City State ZIP Code	09/12/2019 to 01/30/2020 _____ _____	\$ 40,500.00	Accounts Payable Repayment
Relationship to debtor Self			
4.2. Ramachandra Malya Insider's name 212 E Crosstimbers Street 170 Street Houston, TX 77022 City State ZIP Code	01/17/2021 _____ _____	\$ 5,116.66	Repayment for Paying Harrington Ocko and Monk \$5,000.00 Plus interest of 116.66
Relationship to debtor			

Debtor Health Tech Harbor Inc. Case number (if known) 20-19017 (RG)
 Name

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Creditor's name Street City State ZIP Code			\$
5.2.	Creditor's name Street City State ZIP Code			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$
Last 4 digits of account number: XXXX- _ _ _ _			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	(SEE ATTACHED)		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Case title Case number		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Health Tech Harbor Inc. Case number (if known) 20-19017 (RG)
 Name

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
Street	Case title	Court name and address
City State ZIP Code	Case number	Name
		Street
	Date of order or assignment	City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor Health Tech Harbor Inc.
Name

Case number (if known) 20-19017 (RG)

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. _____ Address _____ Street _____ City State ZIP Code Email or website address _____ Who made the payment, if not debtor? _____	_____ _____ _____	_____	\$ _____

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____ Address _____ Street _____ City State ZIP Code Email or website address _____ Who made the payment, if not debtor? _____	_____ _____ _____	_____	\$ _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____ Trustee _____	_____ _____	_____	\$ _____

Debtor Health Tech Harbor Inc.
Name

Case number (if known) 20-19017 (RG)

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____ Address _____ Street _____ _____ City State ZIP Code	_____ _____	_____	\$ _____
Relationship to debtor _____			
13.2. _____ Address _____ Street _____ _____ City State ZIP Code	_____ _____	_____	\$ _____
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____ Street _____ _____ City State ZIP Code	_____	_____
14.2. _____ Street _____ _____ City State ZIP Code	_____	_____

Debtor Health Tech Harbor Inc. Case number (if known) 20-19017 (RG)
Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. _____
Facility name _____

Street _____

City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____

How are records kept?
Check all that apply:
☐ Electronically
☐ Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. _____
Facility name _____

Street _____

City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____

How are records kept?
Check all that apply:
☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained. _____
Does the debtor have a privacy policy about that information?
☐ No
☐ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _____ - _____

Has the plan been terminated?
☐ No
☐ Yes

Debtor Health Tech Harbor Inc. Case number (if known) 20-19017 (RG)
Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<u>JP Morgan Chase</u> Name <u>270 Park Avenue</u> Street <u>New York</u> <u>NY</u> <u>10017</u> City State ZIP Code	XXXX- <u>2</u> <u>2</u> <u>2</u> <u>9</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>08/31/2020</u>	\$ <u>-3,589.06</u>
18.2.	<u>JP Morgan Chase</u> Name <u>270 Park Avenue</u> Street <u>New York</u> <u>NY</u> <u>10017</u> City State ZIP Code	XXXX- <u>3</u> <u>5</u> <u>0</u> <u>3</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____		\$ <u>-136.66</u>

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code			<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address 		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code			<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address 		

Debtor Health Tech Harbor Inc. Case number (if known) 20-19017 (RG)
Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$ _____
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor Health Tech Harbor Inc.
Name

Case number (if known) 20-19017 (RG)

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: _____ - _____ Dates business existed From _____ To _____
25.2. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: _____ - _____ Dates business existed From _____ To _____
25.3. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: _____ - _____ Dates business existed From _____ To _____

Debtor Health Tech Harbor Inc. Case number (if known) 20-19017 (RG)
 Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>Marcum LLP</u> Name <u>730 3rd Avenue 11th Floor</u> Street <u>New York</u> <u>NY</u> <u>10017</u> City State ZIP Code	From <u>12/2018</u> To <u>12/2018</u>
26a.2. <u>PKF O'Connor Davies</u> Name <u>20 Commerce Drive Ste 301</u> Street <u>Cranford</u> <u>NJ</u> <u>07016</u> City State ZIP Code	From <u>10/2018</u> To <u>06/2020</u>
26a.3. <u>Cheryl Fine</u> <u>83 Prestbury Lane</u> <u>Somerset, NJ 08873</u> City State ZIP Code	12/2018 to current

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. <u>Marcum LLP</u> Name <u>730 3rd Avenue 11th Floor</u> Street <u>New York</u> <u>NY</u> <u>10017</u> City State ZIP Code	From <u>12/2018</u> To <u>12/2018</u>
26b.2. <u>PKF O'Connor Davies</u> Name <u>20 Commerce Drive Ste 301</u> Street <u>Cranford</u> <u>NJ</u> <u>07016</u> City State ZIP Code	From <u>10/2018</u> To <u>06/2020</u>
26b.3. <u>Cheryl Fine</u> <u>83 Prestbury Lane</u> <u>Somerset, NJ 08873</u> City State ZIP Code	12/2018 to current

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <u>PKF O'Connor Davies</u> Name <u>20 Commerce Drive Ste 301</u> Street <u>Cranford</u> <u>NJ</u> <u>07016</u> City State ZIP Code	

Debtor Health Tech Harbor Inc. Case number (if known) 20-19017 (RG)
Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Cheryl Fine

Name

83 Prestbury Lane

Street

Somerset

NJ

08873

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address (SEE ATTACHED)

26d.1.

Name

Street

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor Health Tech Harbor Inc. Case number (if known) 20-19017 (RG)
Name

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

Position and nature of any interest

% of interest, if any

(SEE ATTACHED)

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name

Address

Position and nature of any interest

Period during which position or interest was held

Biagio Graffagnino

155-21 Bridgeton Street, Howard Beach, NY 11414

From 06/2019 To 09/2020

From _____ To _____

From _____ To _____

From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

30.1.

Name

Ramachandra Malya

Street

212 E Crosstimbers Street 170

Houston,

TX

77022

City

State

ZIP Code

\$5116.66

He paid Harrington Ocko and Monk \$5,000.00 and \$116.66 was interest.

01/17/2020

Actual Amount

Relationship to debtor

Note Holder, and Member of Merger Committee

Debtor Health Tech Harbor Inc.
Name

Case number (if known) 20-19017 (RG)

<p>Name and address of recipient</p> <p>30.2 <u>Lawrence Margolis</u></p> <p>Name <u>8 Orchard Drive</u></p> <p>Street <u></u></p> <p>Purchase <u>NY</u> <u>10577</u></p> <p>City <u></u> State <u></u> ZIP Code <u></u></p> <p>Relationship to debtor</p> <p><u></u></p>	<p><u>\$40,500.00</u></p>	<p><u>09/2019 to</u></p> <p><u>01/2020</u></p>	<p><u>AP Payments</u></p>
---	---------------------------	--	---------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation	Employer identification number of the parent corporation
<u></u>	EIN: <u> </u> - <u> </u> - <u> </u>

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund	Employer identification number of the pension fund
<u></u>	EIN: <u> </u> - <u> </u> - <u> </u>


Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/09/2021
MM / DD / YYYY

X 

Signature of individual signing on behalf of the debtor

Printed name Lawrence Margolis

Position or relationship to debtor CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Debtor: Health Tech Harbor, Inc.
Court: United States Bankruptcy Court for the District of New Jersey
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ATTACHMENT TO OFFICIAL FORM 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Part 13

Item 26d. (Page 12)

List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

Aboyoun Dobbs LLC
ATTN Joseph Aboyoun
77 Bloomfield Avenue
Pine Brook, NJ 07058

Annette Catino
39981 North 105th Way
Scottsdale, AZ 85262

Citrin Cooperman
ATTN Maryann Veytsman
529 5th Avenue
New York, NY 10017

Cullen and Dykman LLP
ATT: Bonnie Pollack
100 Quentin Roosevelt Blvd.
Garden City, NY 11530

Genova Burns
ATTN: Daniel Stoltz, Esq.
110 Allen Rd., Suite 304
Basking Ridge, NJ 07920

Goodwin Proctor LLP
ATTN Steve Davis, Esq.
620 8th Avenue
New York, NY 10018

Biagio Graffagnino
155-21 Bridgeton Street
Howard Beach, NY 11414

Debtor: Health Tech Harbor, Inc.
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ATTACHMENT TO OFFICIAL FORM 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Item 26d. (Page 12) (continued)

Gregory Kinoian Law LLC
8-15 Elain Terrace
Fair Lawn, NJ 07410

Harrington Ocko & Monk
ATTN Kevin Harrington, Esq.
81 Main Street #215
White Plains, NY 10601

John Lloyd
11 Mohawk Avenue
Oceanport, NJ 07757

McCarter & English LLP
ATTN Gregory Mascitti, Esq.
Worldwide Plaza
825 Eighth Avenue, 31st Floor
New York, NY 10019

Ramachandra Malya
212 E Crosstimbers Street 170
Houston, TX 77022

Norris McLaughlin, P.A.
ATTN: Morris Bauer
400 Crossings Blvd. 8th Floor
Bridgewater, NJ 08807

PKF O'Connor Davies
20 Commerce Drive STE 301
Cranford, NJ 07016

Gavin Scotti Sr.
516 Purchase Street
Rye, NY 10580

Gavin Scotti Jr.
16 Old Track Road
Greenwich, CT 6830

Debtor: Health Tech Harbor, Inc.
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ATTACHMENT TO OFFICIAL FORM 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Item 26d. (Page 12) (continued)

(Please note: Certain convertible note holders and prospective investors were, upon request, given financial information regarding Health Tech Harbor, Inc.)

Item 28 (Page 13)

List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name and Address	Position and Nature of Any Interest	% of Interest, If Any
Lawrence Margolis 8 Orchard Drive Purchase, NY 10577	Chief Executive Officer Member of Merger Committee	49.45% Ownership Interest
Anthony Milone 55 Cutler Rd Greenwich, CT 06831-2508	Executive Vice President Member of Merger Committee	36.13% Ownership Interest
Biagio Graffignino 155-21 Bridgeton Street Howard Beach, NY 11414	Incoming Chairman of the Board Member of Merger Committee	0%
Ramachandra Malya 212 E Crosstimbers Street 170 Houston, TX 77022	Chairman Of Merger Committee	0%

Debtor: Health Tech Harbor, Inc.
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Creditor Matrix/Service List

1478756 Alberta Ltd
ATTN Brett Sorensen
358 5222 130 Avenue SE
Calgary Alberta Canada T2Z OG4

Aboyoun Dobbs LLC
ATTN: Joseph Aboyoun, Esq.
77 Bloomfield Avenue
Pine Brook, NJ 07058

Mohammed Ashfar Ahmed
1514 Westfield Street
Pearland, TX 77581

Joseph Alfano
3 Hambletonian Drive
Colts Neck, NJ 07722

Astute Consulting LLC
ATTN: Narjit Patel
10749 Belle Maisons Drive
Orlando, FL 32832

Ben Advance
ATTN: Anthony Milone, CEO
411 Theodore Fremd Avenue
Rye, NY 10580

Paul Bing
2010 Royal Dawns Drive
Katy, TX 77450

Annette Catino
39981 North 105th Way
Scottsdale, AZ 85262

Amito Chandiwal
28419 Tall Juniper Hill Drive
Katy, TX 77494

Ravi & Madhavi Chenna
4818 Big Cedar Circle
Missouri City, TX 77059

Debtor: Health Tech Harbor, Inc.
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Creditor Matrix/Service List

David Cherry
6 Derryhirk Road
Tullyroan, Dungannon
Co.TyRone BT71GNH N Ireland

Robert Chicoine Jr
56 Wrights Mill Road
Armonk, NY 10504

Mark Christiana
99 Biltmore Avenue
Rye, NY 10580

Stephen Columbia
15 Cordis Street
Charlestown, MA 02129

Duane Morris LLP
ATTN: Morris S. Bauer, Esq.
One Riverfront Plaza
1037 Raymond Boulevard, Suite 1899
Newark, NJ 07102-5429

EssFull
ATTN: Keith Gallant
11210 Crofton Overlook Court
Duluth, GA 30097

Michael Fina
8701 Shore Road
Apt 341
Brooklyn, NY 11209

Cheryl Fine
83 Prestbury Lane
Somerset, NJ 08873

Michael Fitzpatrick
10141 Heronwood Lane
West Palm Beach, FL 33412

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Creditor Matrix/Service List

Paul Gerardi
33 Van Etten Boulevard
New Rochelle, NY 10804

Alan & Stephen Glombicki
2001 Holcombe Boulevard
Houston, TX 77030

Goodenough Associates
ATTN: Andy Goodenough
42 Glendale Road
Rye, NY 10508

Goodwin Proctor LLP
ATTN: Steve Davis
620 8th Avenue
New York, NY 10018

Sadasivareddy Goli
12908 Lakeparc Bend Drive
Cypress, TX 77429

Biagio Graffagnino
155-21 Bridgeton Street
Howard Beach, NY 11414

Greenwave 97 LLC
ATTN: Shalin Patel
3115 Brighton Sky Lane
Katy, TX 77494

Han Alliance Group
ATTN: Anthony Milone, CEO
411 Theodore Fremd Avenue
Rye, NY 10580

Han Benefit Advantage, Inc. (d/b/a BenAdvance)
ATTN: Anthony Milone, CEO
411 Theodore Fremd Avenue
Rye, NY 10580

Debtor: Health Tech Harbor, Inc.
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Creditor Matrix/Service List

Harrington Ocko & Monk LLP
ATTN: Kevin J. Harrington, Esq.
81 Main Street, Suite 215
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Health Alliance Network (HAN)
ATTN: Anthony Milone, CEO
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JP Morgan Chase
270 Park Avenue
New York, NY 10017

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Houston, TX 77018

Vijay Koka
4307 Roundtree Lane
Missouri City, TX 77459

Umesh Kumar
15027 Rockdale Bridge Lane
Sugar Land, TX 77498

Doraraju Kurausamy
5202 Jericho Court
Houston, TX 77091

Rajiv Lal
1923 Mystic Arbor Lane
Houston, TX 77077

Law Offices of Mitchell J. Malzberg, LLC
6 E Main Street Suite 5122
Clinton, NJ 08809

John Lloyd
11 Mohawk Avenue
Oceanport, NJ 07757

Debtor: Health Tech Harbor, Inc.
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Creditor Matrix/Service List

Joe Lukens
4381 W Gulf Drive
Sanibel, FL 33957

Yulia Lyubkina & Ankush Verma
3908 Hazard Street
Houston, TX 77098

Nitin Mahajan
43 West Shale Creek Circle
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Kavita Majithia
7110 Argonne Trail
Sugar Land, TX 77479

Ramachandra Malya
212 E Crosstimbers Street 170
Houston, TX 77022

Rohith Malya
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Marcum LLP
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New York, NY 10017

William Margiloff
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Rye, NY 10580

Lawrence Margolis
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Purchase, NY 10577

Anthony Milone
55 Cutler Rd
Greenwich, CT 06831-2508

Debtor: Health Tech Harbor, Inc.
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Creditor Matrix/Service List

Krishnan Murthi Durusamy
BLK 728, Clementi West Street 2
12 410
Singapore 12078

Nilkanth Patel Trustee
ATTN: Mithil Patel
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Houston, TX 77093

Maria Olskaia
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Priya & Joseph Oolut
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Manmath Panda
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Katy, TX 77494

Rahul Pandey
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Sugar Land, TX 77479

Aashish Pandya
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Houston, TX 77005

Devesh Pandya
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Houston, TX 77005

Deep Patel
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Orlando, FL 32832

Nehal Patel
1631 North Loop West 460
Houston, TX 77008

Debtor: Health Tech Harbor, Inc.
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Creditor Matrix/Service List

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11202 North Granite Street
Dunlap, IL 61525

Vishal Patel
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Spring, TX 77379

Prabhugouda Patil
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Prakash Interest Limited, LP
ATTN: Rahul Prakash
12335 Kingsride Lane 311
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PKF O'Connor Davies
20 Commerce Drive Suite 301
Cranford, NJ 07016

William Rabetz
117 Remington Road
Manhasset, NY 11031

Radha Holdings LLC
ATTN: Nitin Puri
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Cypress, TX 77429

Roberta Rosenast
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Yegeny Rudashevsky
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Debtor: Health Tech Harbor, Inc.
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Creditor Matrix/Service List

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Gavin Scotti Sr.
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Vasudev & Shobha Shenoy
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Cypress, TX 77433

Paul Stamatis Jr.
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Katy, TX 77494

Sunean Investments, LP
ATTN: Anil Odhav
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Debtor: Health Tech Harbor, Inc.
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Creditor Matrix/Service List

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Pushpahas Vandoia
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Sugar Land, TX 77479

Dan Wampler
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Cincinnati, OH 45249

Wealthcare LLC
ATTN: Ramachandra Malya
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Houston, TX 77022

Dustin Wilson
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Olympia, WA 98508

Lily Yang Loh
14222 Cloud Cliff Lane
Houston, TX 77077

United States Trustee
One Newark Center, Suite 2100
1085 Raymond Boulevard
Newark, NJ 07102

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Securities Exchange Commission
New York Regional Office
3 World Financial Center, Suite 400
New York, NY 10281-1022

Debtor: Health Tech Harbor, Inc.
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Creditor Matrix/Service List

New Jersey Division of Taxation
Compliance and Enforcement – Bankruptcy Unit
3 John Fitch Way, 5th Floor
PO Box 245
Trenton, NJ 08695-0267